

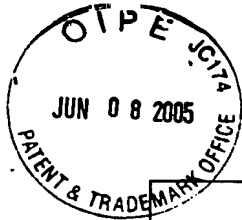
PTO/SB/17 (12-04v2)  
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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 10/049,665-Conf. #4705 |
|   |  | Filing Date              | April 11, 2002         |
|   |  | First Named Inventor     | Sybil FRANK            |
|   |  | Examiner Name            | C. N. Lopez            |
|   |  | Art Unit                 | 1731                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 0475-0204P             |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b> 1,200.00     |                        |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: <u>02-2448</u>  |
| Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                     |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                     |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                 |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                  |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                  |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                 |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                     |                       |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  |                     | <b>Small Entity</b>   |
|   |                     |   |                    |                      |                                  |                     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  |                     | 50                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  |                     | 200                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  |                     | 360                   |
|   |                     |   |                    |                      |                                  |                     | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                     |                       |
| 23 - 22 =   |                     | 1   | x 50.00 =          | 50.00                |                                  |                     |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| 2 - 3 =   |                     | 0   | x =                | 0                    |                                  |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                     |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| - 100 =   |                     | /50 (round up to a whole number) x                      |                    |                      |                                  |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                     |                       |
|   |                     |   |                    |                      |                                  |                     | <b>Fees Paid (\$)</b> |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                     |                       |
| Other (e.g., late filing surcharge):  |                     |   |                    |                      |                                  |                     |                       |
| Additional Claims Fee   |                     |   |                    |                      |                                  |                     | 50.00                 |
| Extension for response within third month   |                     |   |                    |                      |                                  |                     | 1,020.00              |
| Fee for filing Terminal Disclaimer  |                     |   |                    |                      |                                  |                     | 130.00                |

|                     |                      |                                   |                |
|---------------------|----------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                      |                                   |                |
| Signature           |                      | Registration No. (Attorney/Agent) | 36,623         |
| Name (Print/Type)   | Mark J. Nuell, Ph.D. | Telephone                         | (703) 205-8043 |
|                     |                      | Date                              | June 8, 2005   |



1731/4

| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>0475-0204P   |          |
|--|---|---|-----------------------------------|----------------------------|----------|
| Application No.<br>10/049,665-Conf. #4705  | Filing Date<br>April 11, 2002             | Examiner<br>C. N. Lopez                 | Art Unit<br>1731                  |                            |          |
| Applicant(s): Sybille FRANK et al.   |   |   |                                   |                            |          |
| Invention: METHOD FOR PRODUCING A DENTAL PROSTHESIS  |   |   |                                   |                            |          |
| <b>MS Amendment</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |   |   |                                   |                            |          |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                            |          |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                            |          |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                       |          |
| Total Claims   | 23  | - 22 =                                  | 1                                 | x 50.00                    | 50.00    |
| Independent<br>Claims  | 2   | - 3 =                                   | 0                                 | x                          |          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                            |          |
| Other fee (please specify): Extension for response within third month  |   |   |                                   |                            | 1,020.00 |
| Terminal Disclaimer filing fee   |   |   |                                   |                            | 130.00   |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                            | 1,200.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                            |          |
| <input type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                            |          |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                            |          |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,200.00</u> to cover the filing fees is enclosed.  |   |   |                                   |                            |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                            |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                            |          |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                            |          |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                            |          |
| <br>Mark J. Nuell, Ph.D.<br>Attorney Reg. No.: 36,623  |   |   |                                   | Dated: <u>June 8, 2005</u> |          |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Rd<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8023   |   |   |                                   |                            |          |